

Shw/9A

FORM #584

GRIEVANCE FORM

8/9/05

FACILITY: D.C.C DATE: 4-11-05
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506628
 CASE#: 16056 TIME OF INCIDENT: 4-11-05
 HOUSING UNIT: D-11-4

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I HAVE FILED NUMEROUS MEDICAL GRIEVANCES AND NON-MEDICAL GRIEVANCES WHILE I WAS AT THE H.R.Y.C.I. THE DILEMMA IS THAT I WAS IN THE PROCESS OF OBTAINING INFORMAL RESOLUTIONS BUT I WAS ~~TRANSFERRED~~ TRANSFERRED HERE TO D.C.C. BECAUSE I AM STILL CONFINED WITHIN THE D.D.O.C. THE INMATE GRIEVANCE PROCEDURE 4.4 IS STILL APPLICABLE TO GRIEVANCES I FILED AT H.R.Y.C.I.

ACTION REQUESTED BY GRIEVANT: I WANT THE GRIEVANCES I FILE AT THE H.R.Y.C.I. TO BE TRANSFERRED HERE TO D.C.C IN ORDER TO OBTAIN INFORMAL RESOLUTIONS

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 4-11-05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Thomas L. Carroll

RECEIVED

APR 18 2005

April '97 REV

Inmate Grievance Office

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.E DATE: 11/24/04
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 2-E

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

LT Patrick Sheets has interfered with the psychological rehabilitative treatment prescribed to me by psychiatrist Dr. Jishi, by conducting a disciplinary hearing while I was in the infirmary's psych close observation room on PCO II status, without first conducting a competency hearing or first consulting with Dr. Jishi for a psychological assessment.

ACTION REQUESTED BY GRIEVANT: I want this matter to be investigated in order to insure that my psychological treatment not interfered with.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 11/24/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

cc: Stanley Taylor
Raphel Williams
Mayor Dave Williams

FORM #584

GRIEVANCE FORM

FACILITY: H.R.V.C.F.DATE: 1/28/05GRIEVANT'S NAME: Jimmie LewisSBI#: 506622

CASE#: _____

TIME OF INCIDENT: _____

HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Sgt Fred Way has interfered with the psychological rehabilitative treatment prescribed to me by psychiatrist Dr. Jopki, by conducting a disciplinary hearing while I was on P.C.O. II status, without first consulting with Dr. Jopki for a psychological assessment, and/or first conducting a competency hearing.

ACTION REQUESTED BY GRIEVANT: I want this matter to be investigated in order to insure that my psychological treatment isn't interfered with.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/28/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

cc: Stanley Taylor
Raghel Williams
Major Dave Williams

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I. DATE: 1/28/05
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506628
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

C/O A. Armstrong has interfered with the psychological treatment prescribed to me by psychiatrist Dr. Joshi by writing a disciplinary infraction against me while I was on the mental health care unit, without first consulting with Dr. Joshi for a psychological assessment of competency and or first conducting a competency hearing.

ACTION REQUESTED BY GRIEVANT: I want this matter to be investigated in order to insure that my psychological treatment isn't interfered with.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/28/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raphel Williams

April '97 REV

Mayor Dave Williams

FORM #584

GRIEVANCE FORM

FACILITY: H.P.V.C.I DATE: 1/28/05
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Sgt C. Richards has interfered with the psychological treatment prescribed to me by psychiatrist Dr Joshi, by conducting a disciplinary hearing while I was in the infirmary psych close observation room on PEO II status, without first consulting with Dr Joshi for a psychological assessment, and or first conducting a competency hearing

ACTION REQUESTED BY GRIEVANT: I want this matter to be investigated in order to insure that my psychological treatment isn't interfered with.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/28/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc Stanley Taylor
Raphel Williams
Major Dave Williams
April '97 REV

FORM #584

GRIEVANCE FORM

FACILITY: H.P.Y.C.IDATE: 1/28/05GRIEVANT'S NAME: Jimmie LewisSBI#: 506622

CASE#: _____

TIME OF INCIDENT: _____

HOUSING UNIT: 1-E 15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

GID. Young has interfered with the psychological rehabilitative treatment prescribed for me by psychiatrist Dr. Jochi, by writing a disciplinary infraction against me while I was in the infirmary's close special observation room on PCO II status, without first consulting with Dr. Jochi for a psychological assessment of competency and or first conducting a competency hearing.

ACTION REQUESTED BY GRIEVANT: I want this matter to be investigated in order to ensure that my psychological treatment isn't interfered with

GRIEVANT'S SIGNATURE: Jimmie LewisDATE: 1/28/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raphel Williams
Major Dene Williams

FORM #585

MEDICAL GRIEVANCE

FACILITY: H.R.V.C.IDATE SUBMITTED: 12/15/04INMATE'S NAME: JIMMIE LEWISSBI#: 506622HOUSING UNIT: INFIRMARY 193

CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 5/24/03 TO 12/12/04

TYPE OF MEDICAL PROBLEM:

IN REFERENE TO THE ABOVE DATES WHILE IN EITHER ONE OF THE INFIRMARY'S PSYCH CLOSE OBSERVATION ROOMS, IN WHICH SHOULD BE DECLARED CONDEMED, BECAUSE THERE IS NO ACCESS TO DRINKING WATER OR ACCESS TO WASH HANDS BEFORE MEALS ARE SERVED, IN WHICH SUBJECTED AND CAUSED ME TO BE PHYSICALLY ILL DUE TO THE LACK OF PROPER SANITATIONAL DISPOSAL OF BODILY FLUIDS OR BODY WASTE, IN WHICH IS THE CAUSE OF MY OBTAINING INFECTION FOR WHICH ANTIBIOTIC'S HAVE BEEN PRESCRIBED ON FIVE DIFFERENT OCCASSIONS, IT'S ALSO PROTOCOL TO DENY HYGENE FOR 72 HRS, IT'S PROTOCOL APOW ADMISSION TO ~~ROOM~~ DENY PHONE CALLS TO FAMILY OR LAWYER, IT'S PROTOCOL TO DENY LEGAL MAIL, THE CLIMATE IS ALWAYS EXTREME LIKE AN OVEN OR ICEBOX, THE ROOMS ARE NOT SAFE BECAUSE THERE NOT PADDED OR RUBBERIZED, AND THERE IS NO MENTAL HEALTH CARE PROVIDER HERE 24 HRS A DAY.

GRIEVANT'S SIGNATURE: Jimmie LewisDATE: 12/15/04

ACTION REQUESTED BY GRIEVANT: DAILY HYGENE ACCESS WHICH INCLUDES WASHING HANDS BEFORE MEALS, A ADMISSION PHONE CALL TO INFORM FAMILY OR ATTORNEY, PADDED OR RUBBERIZED ROOMS FOR SAFETY, PROPERLY SANITIZED FACILITY, LEGAL MAIL ACCESS, ADEQUATE CLIMATE, 24 HR MENTAL HEALTH CARE PROVIDER, DRINKING WATER

DATE RECEIVED BY MEDICAL UNIT: _____

COPIES TO: D.O.E COMMISSIONER
WARDEN H.R.V.C.I
H.R.V.C.I, M.G.C
SGT. MOODY
DE, CENTER FOR JUSTIC

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I DATE: 12/22/04
 GRIEVANT'S NAME: JIMMIE LEWIS SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: 12/17/04
 HOUSING UNIT: 1

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON 12/17/04 I RECEIVED TWO MEMORANDUM'S DATED 12/16/04 IN RESPONSE TO MY GRIEVING THE INHUMANE LIVING CONDITIONS IVE BEEN SUBJECTED TO WHILE IN THE H.R.Y.C.I INFIRMARY'S PSYCH CLOSE OBSERVATION ROOMS "196" AND OR "197". THE DELIMMA WITH THE RESPONSES I RECEIVED FROM THE I.G.C IS THAT MEMORANDUM # 04-9645 STATES MY COMPLAINT IS NON-GRIEVABLE BECAUSE OF COMPLAINT # 04-9644 WHICH IS A PHOTO COPY OF A IDENTICAL WORDED COMPLAINT I SENT TO THE I.G.C ON A MEDICAL GRIEVANCE # ~~20~~ 585 FORM, INTENDED TO INFORM THE I.G.C THAT A GRIEVANCE WAS SENT TO (M.G.C) THE MEDICAL GRIEVANCE COMMITTEE.

ACTION REQUESTED BY GRIEVANT: I REQUEST THAT THE INMATE GRIEVANCE CHAIRPERSON, PRESENT THE SAID COMPLAINT DATED 12/15/04 ON THE #584 GRIEVANCE FORM, TO THE INMATE GRIEVANCE COMMITTEE IN ORDER TO OBTAIN AN ACCEPTABLE RESOLUTION, DUE TO IT BEING FILED IN ACCORDANCE PER D.O.C PROCEDURE 4.4.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 12/22/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc TO: D.O.C COMMISSIONER
WARDEN H.R.Y.C.I
I.G.C SGT. MCODY
DE. CENTER FOR JUSTICE

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I DATE: 12/22/04
 GRIEVANT'S NAME: JIMMIE LEWIS SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: 12/15/04
 HOUSING UNIT: _____

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON 12/15/04 I SUBMITTED A MEDICAL GRIEVANCE FORM # 584 TO THE (M.G.C), GRIEVING THE INHUMANE LIVING CONDITIONS IVE BEEN SUBJECTED TO ON NUMEROUS OCCASSIONS WHILE UNDER THE FIRST CORRECTIONAL MEDICAL'S PSYCHIATRIST DR. JOSHI'S CARE HERE AT THE H.R.Y.C.I'S INFIRMARY. THE DELIMMA IS THAT ITS BEEN SEVEN DAYS AND I HAVE NOT YET RECEIVED ANY RESPONSE.

ACTION REQUESTED BY GRIEVANT: I WANT THE (M.G.C) MEDICAL GRIEVANCE COMMITTEE TO BE CONTACTED IN REGARDS TO MY RECEIVING A RESPONSE AND A ACCEPTABLE RESOLUTION.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 12/22/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

cc: Stanley Taylor

Rachel Williams

Major Dave Williams

FORM #584

GRIEVANCE FORM

FACILITY: H.R.V. C.I. DATE: 1/26/05
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

C/O Mr Newman refuses my every request to wash my hands with soap and water before meals are served, while im in the infirmaries close observation room on PCO II status.

ACTION REQUESTED BY GRIEVANT: A week to have this matter investigated in order to obtain an exceptable resolution

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/26/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raghe Williams

April '97 REV

Mayor Dave Williams

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I. DATE: 1/26/05
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

c/o Talenti Refuses my every request for drinking water, while in in the infirmaries psych close observation room on PCO II status.

ACTION REQUESTED BY GRIEVANT: A week to have this matter investigated in order to obtain an acceptable resolution.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/26/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raghel Williams
-maps Dave Williams

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I. DATE: 1/26/05
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

C/O Ms Newman refuses my every request for drinking water, while in the infirmary's psych close observation room on PCO II status.

ACTION REQUESTED BY GRIEVANT: A week to have this matter investigated in order to obtain an acceptable resolution

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/26/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raghet Williams
Major Dane Williams
April '97 REV

FORM #584

GRIEVANCE FORM

FACILITY: H. R. Y. C E DATE: 1/26/05
 GRIEVANT'S NAME: Jimmie Lewis SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E - 15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

C/O M. Blue refuses me every request to wash my hands with soap and water before meals are served while in in the infirmary on 800 II status.

ACTION REQUESTED BY GRIEVANT: I seek to have this matter investigated in order to obtain an acceptable resolution.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/26/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Rachel Williams
Major Dave Williams

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I.DATE: 1/26/05GRIEVANT'S NAME: Jimmie LewisSBI#: 506622

CASE#: _____

TIME OF INCIDENT: _____

HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

C/O Talenti has interfered with the psychological rehabilitative treatment prescribed to me by psychiatrist Dr. Joshi, by asserting (3) different disciplinary infractions against me while I was in the infirmary psych close observation room on PCO II status, without first consulting with Dr. Joshi for a psychological assessment, and on first conducting a competency hearing.

ACTION REQUESTED BY GRIEVANT: I seek to have this matter investigated in order to obtain an acceptable resolution

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/26/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raguel Williams

April '97 REV

- Mayor Dave Williams

FORM #584

GRIEVANCE FORM

FACILITY: H.P.Y.C.I.

DATE: 1/28/05

GRIEVANT'S NAME: Jimmie Lewis

SBI#: 506622

CASE#: _____

TIME OF INCIDENT: _____

HOUSING UNIT: 1E-15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

C/O N Bordley has interfered with the psychological rehabilitative treatment prescribed to me by psychiatrist Dr. Joshi, by writing a disciplinary infraction against me while I was in the infirmary's psych close observation room on PCO II status, without first consulting with Dr Joshi for a psychological assessment of competency, and or first conducting a competency hearing

ACTION REQUESTED BY GRIEVANT: I want this matter to be investigated in order to insure that my psychological treatment isn't interfered with.

GRIEVANT'S SIGNATURE: Jimmie Lewis

DATE: 1/28/05

WAS AN INFORMAL RESOLUTION ACCEPTED?

_____(YES) _____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Rachel Williams
Major Dave Williams

April '97 REV

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.F DATE: 1/28/05
 GRIEVANT'S NAME: JIMMIE LEWIS SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: 1E - 15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

C/O Talenti refuses my every request to wash my hands with soap and water before meals are served, while im in the infirmaries psych close observation room on PC & II status

ACTION REQUESTED BY GRIEVANT: I seek to have this matter investigated in order to obtain an acceptable resolution.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/28/05

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Rachel Williams
Major Dame Williams
April '97 REV

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.IDATE: 12/21/04GRIEVANT'S NAME: JIMMIE LEWISSBI#: 506622

CASE#: _____

TIME OF INCIDENT: 12/21/04 9:30 P.MHOUSING UNIT: 1-E

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON 12/4/04 A DISCIPLINARY REPORT WAS WRITTEN AGAINST ME, IN WHICH IS WHY ON 12/12/04 WHILE ON P.H.D I QUESTIONED LT. SABATO ABOUT RECEIVING THE REPORT AND A HEARING, FOR WHICH I WAS TOLD I WAS GOING TO BE FOUND GUILTY AND GIVEN 90 DAYS, IN WHICH IS WHAT EXACTLY HAPPENED TODAY 12/21/04 MORE THAN 15 DAYS AFTER A INVESTIGATION PERIOD, IN WHICH IS A DUE PROCESS VIOLATION. I NEVER RECEIVED A REPORT, I NEVER RECEIVED A HEARING. AND I NEVER RECEIVED AN APPEAL APPLICATION. THESE ARE EXACTLY THE THINGS LT. SABATO TOLD ME HE WAS GOING TO DO, SEE GRIEVANCE # 04-9572.

ACTION REQUESTED BY GRIEVANT: I WANT TO APPEAL PROPERLY BUT THE LT DIDNT PROVIDE ANY PAPER WORK FOR ME TO DO SO. I ASKED OFFICER FIELDS FOR AN APPEAL FORM, BUT WAS TOLD NONE ARE AVAILABLE. BECAUSE OF THESE VIOLATIONS, I REQUEST TO VACATE THE SANCTION AND RETURN ME TO GENERAL POPULATION.

GRIEVANT'S SIGNATURE: Jimmie LewisDATE: 12/21/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

CC TO: COMMISSIONER
WARDEN H.R.Y.C.I
SGT. MOODY
DE CENTER FOR JUSTICE

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I DATE: 12/22/04
 GRIEVANT'S NAME: JIMMIE LEWIS SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: 12/17/04
 HOUSING UNIT: 1

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON 12/17/04 I RECEIVED TWO MEMORANDUM'S DATED 12/16/04 IN RESPONSE TO MY GRIEVING THE INHUMANE LIVING CONDITIONS IVE BEEN SUBJECTED TO WHILE IN THE H.R.Y.C.I INFIRMARY'S PSYCH CLOSE OBSERVATION ROOMS "196" AND OR "197". THE DILEMMA WITH THE RESPONSES I RECEIVED FROM THE I.G.C IS THAT MEMORANDUM # 04-9645 STATES MY COMPLAINT IS NON-GRIEVABLE BECAUSE OF COMPLAINT # 04-9644 WHICH IS A PHOTO COPY OF A IDENTICAL WORDED COMPLAINT I SENT TO THE I.G.C ON A MEDICAL GRIEVANCE # 585 FORM, INTENDED TO INFORM THE I.G.C THAT A GRIEVANCE WAS SENT TO (M.G.C) THE MEDICAL GRIEVANCE COMMITTEE.

ACTION REQUESTED BY GRIEVANT: I REQUEST THAT THE INMATE GRIEVANCE CHAIRPERSON, PRESENT THE SAID COMPLAINT DATED 12/15/04 ON THE # 584 GRIEVANCE FORM, TO THE INMATE GRIEVANCE COMMITTEE IN ORDER TO OBTAIN AN ACCEPTABLE RESOLUTION, DUE TO IT BEING FILED IN ACCORDANCE PER D.O.C PROCEDURE 4.4.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 12/22/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

cc TO: D.O.C. COMMISSIONER
WARDEN H.R.Y.C.I
I.G.C SGT. MOODY
DE. CENTER FOR JUSTICE

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I DATE: 12/22/04
 GRIEVANT'S NAME: JIMMIE LEWIS SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: 12/15/04
 HOUSING UNIT: _____

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON 12/15/04 I SUBMITTED A MEDICAL GRIEVANCE FORM # 584 TO THE (M.G.C), GRIEVING THE INHUMANE LIVING CONDITIONS IVE BEEN SUBJECTED TO ON NUMEROUS OCCASSIONS WHILE UNDER THE FIRST CORRECTIONAL MEDICAL'S PSYCHIATRIST DR. JOSH'S CARE HERE AT THE H.R.Y.C.I'S INFIRMARY. THE DELIMMA IS THAT ITS BEEN SEVEN DAYS AND I HAVE NOT YET RECEIVED ANY RESPONSE.

ACTION REQUESTED BY GRIEVANT: I WANT THE (M.G.C) MEDICAL GRIEVANCE COMMITTEE TO BE CONTACTED IN REGARDS TO MY RECEIVING A RESPONSE AND A ACCEPTABLE RESOLUTION.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 12/22/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

cc: Stanley Taylor
Raghel Williams
Mayor Dave Williams

FORM #585

MEDICAL GRIEVANCEFACILITY: H.R.Y.C.IDATE SUBMITTED: 12/15/04INMATE'S NAME: JIMMIE LEWISSBI#: 506622HOUSING UNIT: INFIRMARY 193

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: 5/24/03 TO 12/12/04

TYPE OF MEDICAL PROBLEM:

IN REFERENE TO THE ABOVE DATES WHILE IN EITHER ONE OF THE INFIRMARY'S PSYCH CLOSE OBSERVATION ROOMS, IN WHICH SHOULD BE DECLARED CONDEMED, BECAUSE THERE IS NO ACCESS TO DRINKING WATER OR ACCESS TO WASH HANDS BEFORE MEALS ARE SERVED, IN WHICH SUBJECTED AND CAUSED ME TO BE PHYSICALLY ILL DUE TO THE LACK OF PROPER SANITATIONAL DISPOSAL OF BODILY FLUIDS OR BODY WASTE, IN WHICH IS THE CAUSE OF MY OBTAINING INFECTION FOR WHICH ANTIBOTIC'S HAVE BEEN PRESCRIBED ON FIVE DIFFERENT OCCASSIONS, IT'S ALSO PROTOCOL TO DENY HYGENE FOR 72 HRS, IT'S PROTOCOL APOW ADMISSION TO ~~WASH~~ DENY PHONE CALLS TO FAMILY OR LAWYER, IT'S PROTOCOL TO DENY LEGAL MAIL, THE CLIMATE IS ALWAYS EXTREME LIKE AN OVEN OR ICEBOX, THE ROOMS ARE NOT SAFE BECAUSE THERE NOT PADDED OR RUBBERIZED, AND THERE IS NO MENTAL HEALTH CARE PROVIDER HERE 24 HRS A DAY.

GRIEVANT'S SIGNATURE: Jimmie Lewis

DATE: _____

ACTION REQUESTED BY GRIEVANT: DAILY HYGENE ACCESS WHICH INCLUDES WASHING HANDS BEFORE MEALS, A ADMISSION PHONE CALL TO INFORM FAMILY OR ATTORNEY, PADDED OR RUBBERIZED ROOMS FOR SAFETY, PROPERLY SANITIZED FACILITY, LEGAL MAIL ACCESS, ADEQUATE CLIMATE, 24 HR MENTAL HEALTH CARE PROVIDER, DRINKING WATER

DATE RECEIVED BY MEDICAL UNIT: _____

COPIES TO: D.O.E COMMISSIONER
WARDEN H.R.Y.C.I
H.R.Y.C.I, M.G.C
SGT. MOODY
DE, CENTER FOR JUSTICE

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I DATE: 5/3/04
 GRIEVANT'S NAME: JIMMIE LEWIS SBI#: 506622
 CASE#: _____ TIME OF INCIDENT: _____
 HOUSING UNIT: INFIRMARY 197

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON 5/3/04 I WAS INFORMED BY LT. FARMER WHILE I WAS RECEIVING TREATMENT PRESCRIBED BY DR. JOSHI IN THE INFIRMARY'S PSYCH CLOSE OBSERVATION ROOM #197, THAT I WAS BEING PUT ON AD-SEG STATUS DUE TO MY UNEXCEPTABLE PSYCHOLOGICAL BEHAVIOR, PER CAPT BAMFORD. LT. FARMER ALSO THREATENED ME, ~~W~~ BY INFORMING ME THE SOMEONE ~~WA~~ WAS GOIN TO DO ME PHYSICAL HARM WHEN I ARRIVED TO AD-SEG. THIS CAUSED ME TO THINK THAT MY SAFETY WAS IN JEOPARDY HERE AT THE H.R.Y.C.I. % CARLOCK SUPERVISED ME USING A PEN TO WRITE THIS GRIEVANCE?

ACTION REQUESTED BY GRIEVANT: I REQUEST THAT LT. SHEETS AND LT. SABATO WHO WITNESSED LT. FARMER THREATEN ME TO SUBMIT A REPORT IN REGARDS TO ENSURING THAT LT. FARMER DOESNT VIOLATE MY SAFETY.

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 5/3/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

cc: Stanley Taylor
Raychel Williams
Mayor Dave Williams

FORM #584

GRIEVANCE FORM

FACILITY: H.R.Y.C.I DATE: 12/22/04
 GRIEVANT'S NAME: JIMMIE KELVIS SBI#: 506633
 CASE#: _____ TIME OF INCIDENT: 12/22/04
 HOUSING UNIT: 1-E 15

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

TODAY IT WAS BROUGHT TO MY ATTENTION THAT
 LT. SABATO CONDUCTED A DISCIPLINARY HEARING
 ON 12/12/04 WHILE I WAS IN THE INFIRMARY
 ON POC II STATUS FOR WHICH I NEVER RECEIVED
 A DISCIPLINARY REPORT, NOR DID I GET TO CONFRONT
 MY ACCUSERS, AS A MATTER OF FACT I WASN'T
 PRESENT DURING THE DISCIPLINARY HEARING.
 LT. SABATO'S ALLEGED DISCIPLINARY HEARINGS HAVE BEEN
 CONDUCTED WHILE I WAS INCOMPETENT, AND HAVE ALSO
 INTERFERED WITH TREATMENT PRESCRIBED BY DR. JOSHI.

ACTION REQUESTED BY GRIEVANT: I WOULD LIKE THIS MATTER TO
 BE INVESTIGATED.

GRIEVANT'S SIGNATURE: Jimmie Kelvis DATE: 12/22/04

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

April '97 REV

cc: Stanley Taylor
 Raphael Williams
 Major Dave Williams

20 495

4585

MEDIC

CE

FACILITY: H.R.V.C.I.DATE SUBMITTED: 1/16/05INMATE'S NAME: JIMMIE LEWISSBI#: 506622HOUSING UNIT: 1E - 15

CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 6/25/04 TO 1/16/05

TYPE OF MEDICAL PROBLEM:

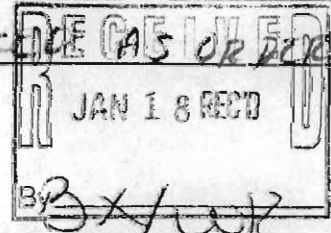
FOR THE LAST SIX MONTHS I HAVE BEEN EXPERIENCING SEVERE COMPLICATIONS WITH CRONIC HYPERTENSION, FOR WHICH I HAVE HAD TO BE GIVEN NITROGLYCERIN ON TWO OR THREE DIFFERENT OCCASSIONS AS WELL AS SENT TO A CLINIC FOR A STRESS TEST. DR ARAMBURO ORDERED THAT MY B/P BE CHECKED AND MONITORED ON A FEW DIFFERENT OCCASSIONS, BUT YET AND STILL MY B/P IS NOT MONITORED, ~~AND REMAINING HIGH~~ ~~FOR THE LAST SIX MONTHS.~~

GRIEVANT'S SIGNATURE: Jimmie Lewis DATE: 1/16/05

ACTION REQUESTED BY GRIEVANT: I REQUEST THAT MY B/P GETS CHECKED AND MONITORED BEGINING A.S.A.P. , AND I REQUEST TO BE SUPPLIED WITH THE REASON MY B/P HAS NOT BEEN CHECKED

DATE RECEIVED BY MEDICAL UNIT: _____

I have placed you on BP checks



NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

Young Correctional Institution
1301 E. 12th Street
WILMINGTON DE, 19809
Phone No. 302-429-7700

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : LEWIS, JIMMY	SBI# : 00506622	Institution : HRYCI
Grievance # : 9686	Grievance Date : 12/14/2004	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 12/14/2004	Incident Time :
IGC : Moody, Mary	Housing Location : Building 1, West, Floor 1, Pod 1E, Cell 15, Bed A	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: What do I have to do in order to receive medical treatment when I'm on PCO II status?

Remedy Requested :

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 12/17/2004
Investigation Sent : 12/17/2004	Investigation Sent To : Sutton, Georgia
Grievance Amount :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : LEWIS, JIMMY	SBI# : 00506622	Institution : DCC
Grievance # : 15533	Grievance Date : 07/24/2005	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 07/22/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 19, Upper, Tier D, Cell 12, Single	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Inmate claims he experiences numerous psychiatric dilemma's on a daily basis. For more then a year he has complied with the psychotropic medicine that's prescribed to him but numerous requests to receive mental health treatment from a psychologist have been ignored.

Remedy Requested : psychotherapy from a psychologist.

INDIVIDUALS INVOLVED

Type	SBI #	Name
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ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 07/27/2005
Investigation Sent : 07/27/2005	Investigation Sent To : Dunn, Lee Anne
Grievance Amount :	

Inmate Copy

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Date: 07/12/2005

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : LEWIS, JIMMY	SBI# : 00506622	Institution : DCC
Grievance # : 15243	Grievance Date : 07/09/2005	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 06/25/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 19 Upper Tier D, Cell 12, Single	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: inmate claims after being transferred back to DOC on 6-25-2005 from DE Psychiatric Center he reported illnesses Insomnia, headaches, delusions, hallucinations, ear ringing, dizziness, vertigo tremors and speech problems. Dr. Adrumburo agreed with inmate could be the side effects of psychotropic medicines inmate received at DPC. Inmate claims Dr. Adrumburo explained that the symptoms are side effects of Geoson, Haldol, Seroquel, ativan and Benadryl, in which could also very well be signs of brain damage.

Remedy Requested : Inmate requests an MRI and or CAT scan in order to determine if he has brain damage as well as to determine if his psychological dilemma's are in relation to brain damage.

INDIVIDUALS INVOLVED

Type	SBI #	Name
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Inmate Copy

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 07/12/2005
Investigation Sent : 07/12/2005	Investigation Sent To : Breton, Monique
Grievance Amount :	